



Assessor's Office

1 City Hall Plaza, West Wing - Manchester, NH 03101

Email: Assessors@manchesternh.gov

Tel.: (603) 624-6520 Fax: (603) 628-6288

www.manchesterNH.gov/assessors

2021 Elderly Property Owners Exemption RSA 72:39-b

Applications accepted after January 1st, 2021 - Filing Deadline is April 15, 2021

Due to Covid 19; all Applications and required documents must be dropped off, emailed or mailed to the Assessors's Office. We will contact you by phone for questions on your application.

To qualify you must be: 65 years of age - and Owner of record on or before April 1, 2021

- A resident of NH for **3 consecutive years** on or before April 1, 2021
- Married couples must have been married for **5 consecutive years** on or before April 1, 2021
- Property where exemption is claimed must be applicants principal place of abode, to the exclusion of others
- If applicant received a transfer of real estate from a person under the age of 65; related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed - RSA 72:40a, limitations

Note: Income and Asset limits have been revised by the Board of Mayor and Aldermen for 2021. New amounts are below.

TOTAL INCOME from all sources including any retirement income and Social Security:

- Single person cannot exceed **\$41,000** per year - Married couples cannot exceed **\$55,000** per year

TOTAL ASSETS (at date of application) excluding **the value of your dwelling unit:**

- **Single** person cannot exceed **\$100,000** - **Married** couple cannot exceed **\$130,000**
- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, money markets, life insurance policies, etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc. Supporting documents must be supplied.
- Other assets tangible or intangible less any good faith encumbrance.

All Income & Assets must be verified with the proper documentation:

- 2020 Federal income tax return (if you file) including all W2's, 1099's, etc.
- 2020 Form SSA 1099 - Social Security Benefit Statement
- 2020 VA benefits statements
- 2020 State Interest and Dividends Tax Forms
- Bank Statements – the most current 3 months (full copies) for all checking and savings accounts
- Current Monthly or Quarterly statements (full copies) for CD, IRA, 401K, stocks and/or bonds, Money Markets, Current “surrender value” of life insurance policies, etc
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments. (Attorney's affidavit may be required annually)
- Copy of Driver's license **or** birth certificate
- Current mortgage statement if you own more than a single family home.
- Documentation of any Rental Income or Assistance from Others.

If you qualify - exemption will be according to age and percentage of ownership RSA 72:41 Proration

Note: Exemption amounts may be revised before the Final Tax bill due to Revaluation in 2021

- 65 – 74 years of age are allowed **\$109,500** assessed value deducted from total assessed value
- 75 – 79 years of age are allowed **\$148,500** assessed value deducted from total assessed value
- 80 + years of age are allowed **\$195,500** assessed value deducted from total assessed value

Upon approval of the Elderly Exemption, Manchester Water Works will **automatically be notified.**

Revised 05/06/2021

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CITY OF MANCHESTER

Elderly Exemption Application – Tax Year 2021

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a
Applications accepted after January 1, 2021 - **Filing deadline is APRIL 15, 2021**

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Note: All supporting documents we copy are shredded after application is finalized.

You can purchase them for .50 cents per copy. Shred: Yes or No _____

Map/Lot _____ Account No. _____ Applying for: Elderly Exemption

Owner Name _____ Date of Birth _____

Co-Owner /Spouse _____ Date of Birth _____

(Name)

All additional Owners on deed _____ Relationship _____

Address/City/State/Zip _____

Married _____ Single _____ Widowed _____ Divorced _____ How many years Married or Divorced _____

Telephone Number _____ Cell Phone Number(s) _____

Email Address: _____

NH Resident Since _____ Prior address if less than 5 years _____

Trust Name/Life Estate _____ **PA-33 must be completed with a full copy of the Trust**

Please indicate type of residence: Single _____ Multi Family # of units' _____

If you own a Multi Family, do you have a mortgage Y/N _____ Current Mortgage Balance\$ _____

♦ Are you receiving a deduction or exemption from any other City or Town? YES _____ NO _____

◦ What is your primary place of abode? _____

INCOME INFORMATION: For the Period of JANUARY 1 TO DECEMBER 31, 2020

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

Supporting Documents MUST be put in order of numbers and submitted with this application.

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Soc. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. VA Benefits (Pension/Disability Income)	_____	_____
4. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____
5. Pensions/Annuities/401k/IRA	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

6. All Interest Income Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____
 - Acct Name and # _____ Amount _____
 - Acct Name and # _____ Amount _____
7. All Dividend Income - Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____
 - Acct Name and # _____ Amount _____
8. Real Estate Rental Income _____ Annual Amount _____
9. Gambling or lottery _____ Amount _____
10. Is anyone (other than a spouse or co-owner) living with you? Yes _____ No _____
- If Yes, please list amount of assistance, bills, or rent paid annually Total amount \$ _____
- Additional Comments:** (attach additional sheets if necessary) _____

➤ **Total 2020 Income:** \$ _____

CURRENT ASSET INFORMATION (with verifying documents) : As of the DATE of this Application

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

11. Other Real Estate or Land owned: _____
 (Street Address, City/Town, State) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y _____ N _____

12. Other Personal Property/Collections: _____
 (Description) (Value)

13. Vehicle 1: Make _____, Model _____, Year _____, Miles _____ Value _____
Vehicle 2: Make _____, Model _____, Year _____, Miles _____ Value _____
Vehicle 3: Make _____, Model _____, Year _____, Miles _____ Value _____

14. Please attach full copies of 3 months/or quarterly or annual statements of all Assets:

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

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401K / I.R.A. Account #	Bank / Institution Name	Name(s) on Account	Balance

Money Market Account #	Bank / Institution Name	Name(s) on Account	Balance

Stocks/Bonds Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Annuities Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Mutual Funds Account #	Bank / Institution Name	Name(s) on Account	Balance

Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value

15. Other Assets: _____ \$ _____

Total Current Assets: \$ _____

I/We, the undersigned, under penalty of perjury, agree to inform within 30 days any change in household circumstances (Income or Assets) to the City of Manchester, Assessors Department. I agree to repay the City of Manchester, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in the denial of exemption.

Initials: _____ Initials: _____

I/We, the undersigned authorize any lawyer, banking/lending/financial institution, employer/former employer, utility co. insurance co. Internal Revenue Service, tax preparer/accountant, any town, city, county, state or federal department, or any person, company, organization or agency to release all information concerning my/our financial circumstances to the City of Manchester, NH Assessors Department.

Initials: _____ Initials: _____

My/Our signature(s) below constitute(s) the granting of my/our authority for the City of Manchester, NH to obtain verification and/or proof from all sources concerning my/our household's financial circumstances.

Owner Signature

Date

Co-Owner Signature

Date

The City will not release or discuss your information with any party without your express written permission.

☐ Check here if you would like us to discuss your application with a family member, friend or caregiver.

Name of that person, relationship _____ Phone# _____

Name of that person, relationship _____ Phone # _____

Signature _____ Date _____

For the Assessing Office Only

Multi Family Asset

Number of units _____

Total assessed value \$ _____

Total assessed land value \$ _____

Total assessed building value \$ _____

Mortgage amount \$ _____

Application Taken By: _____

Date _____

Do the taxpayers need a mortgage letter _____

Comments on Application _____

Approved _____ Denied _____ Date _____

Last Name _____
Map/Lot _____
Account _____

City of Manchester NH, Assessors Department

Elderly Exemption - Certification Affidavit

To Be Read and Acknowledged By The Applicant: **I hereby certify under unsworn falsification** that the Elderly Exemption application with financial documentation submitted to the Manchester Assessing Dept. for the Elderly Exemption **is complete, true and correct.**

*I/We are also a legal resident of New Hampshire for at least 3 consecutive years prior to April 1st of the application year; and one or both are at least 65 years of age as of April 1st.

Additional requirements for this exemption shall be that the property is:

- ☐ Owned by a Manchester resident; or jointly or in common with the residents' spouse, either of whom meets the age requirement for the exemption claimed, and they have been married to each other for 5 consecutive years prior to April 1st of the year the exemption is claimed; or
- ☐ If owned with someone other than a spouse – Exemption will be according to percentage of ownership.
- ☐ I am not receiving any other Exemption or Credit in any other community within New Hampshire and I am not receiving similar benefits in any other state, such as the Florida Homestead Exemption.

I hereby attest that _____ is my primary residence.
(address)

Be aware:

- If your income or asset level changes and there is a possibility that you no longer qualify for the exemption, **you are obligated by law to advise the Manchester Assessing Department.**
- If your marital status changes you must notify the Manchester Assessing Department.
- A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3, II, (a) (b) (d) (supp.)

I/ We have read the above statements and fully certify that I/we understand them. Any misrepresentation may result in court action for recovery.

Signature of applicant _____

Applicant (print name) _____ Date _____

Signature of applicant _____

Applicant (print name) _____ Date _____

Address _____ Manchester, NH 0310 _____